

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 1130299
FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Revision
4MP00028*AM
 401
2021-05-01 To: 2021-05-31
 Brookeside
 Kari Long

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2021-05-01							
2021-05-02							
2021-05-03	7.78	.00000	.0002	.00002	22.5175	2024.4	.20
2021-05-04							
2021-05-05							
2021-05-06							
2021-05-07							
2021-05-08							
2021-05-09							
2021-05-10							
2021-05-11							
2021-05-12							
2021-05-13							
2021-05-14							
2021-05-15							
2021-05-16							
2021-05-17							
2021-05-18							
2021-05-19							
2021-05-20							
2021-05-21							
2021-05-22							
2021-05-23							
2021-05-24							
2021-05-25							
2021-05-26							
2021-05-27							
2021-05-28							
2021-05-29							
2021-05-30							
2021-05-31							
Minimum	7.78	0.0	2.0E-4	2.0E-5	22.5175	2024.4	0.2
Maximum	7.78	0.0	2.0E-4	2.0E-5	22.5175	2024.4	0.2
Average		0	0.0002	0.00002	22.5175	2024.4	0.2
Count	1	1	1	1	1	1	1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2022-03-17 14:03	

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SUBMISSION ID:
FACILITY:
LOCATION:

1130299
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

COUNTY:
DISTRICT:

Morrow
CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Revision
4MP00028*AM
401
2021-05-01 To: 2021-05-31

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookeside
Kari Long

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-05-01						
2021-05-02						
2021-05-03	1.46340					
2021-05-04						
2021-05-05						
2021-05-06						
2021-05-07						
2021-05-08						
2021-05-09						
2021-05-10						
2021-05-11						
2021-05-12						
2021-05-13						
2021-05-14						
2021-05-15						
2021-05-16						
2021-05-17						
2021-05-18						
2021-05-19						
2021-05-20						
2021-05-21						
2021-05-22						
2021-05-23						
2021-05-24						
2021-05-25						
2021-05-26						
2021-05-27						
2021-05-28						
2021-05-29						
2021-05-30						
2021-05-31						
Minimum	1.4634					
Maximum	1.4634					
Average	1.4634					
Count	1					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Jeffrey Williamson						Certification Version Date 2022-03-17 14:03

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Revision
4MP00028*AM
402
2021-05-01 To: 2021-05-31

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookeside
Kari Long
AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-05-01							
2021-05-02							
2021-05-03							
2021-05-04							
2021-05-05							
2021-05-06							
2021-05-07							
2021-05-08							
2021-05-09							
2021-05-10							
2021-05-11							
2021-05-12							
2021-05-13							
2021-05-14							
2021-05-15							
2021-05-16							
2021-05-17							
2021-05-18							
2021-05-19							
2021-05-20							
2021-05-21							
2021-05-22							
2021-05-23							
2021-05-24							
2021-05-25							
2021-05-26							
2021-05-27							
2021-05-28							
2021-05-29							
2021-05-30							
2021-05-31							
Minimum							
Maximum							
Average							
Count							
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Jeffrey Williamson						Certification Version Date 2022-03-17 14:03	

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402
2021-05-01 To: 2021-05-31

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookeside
Kari Long
AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-05-01						
2021-05-02						
2021-05-03						
2021-05-04						
2021-05-05						
2021-05-06						
2021-05-07						
2021-05-08						
2021-05-09						
2021-05-10						
2021-05-11						
2021-05-12						
2021-05-13						
2021-05-14						
2021-05-15						
2021-05-16						
2021-05-17						
2021-05-18						
2021-05-19						
2021-05-20						
2021-05-21						
2021-05-22						
2021-05-23						
2021-05-24						
2021-05-25						
2021-05-26						
2021-05-27						
2021-05-28						
2021-05-29						
2021-05-30						
2021-05-31						
Minimum						
Maximum						
Average						
Count						
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STATUS:
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MONITORING PERIOD :

Revision
4MP00028*AM
403

2021-05-01 To: 2021-05-31

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookeside
Kari Long

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-05-01							
2021-05-02							
2021-05-03							
2021-05-04							
2021-05-05							
2021-05-06							
2021-05-07							
2021-05-08							
2021-05-09							
2021-05-10							
2021-05-11							
2021-05-12							
2021-05-13							
2021-05-14							
2021-05-15							
2021-05-16							
2021-05-17							
2021-05-18							
2021-05-19							
2021-05-20							
2021-05-21							
2021-05-22							
2021-05-23							
2021-05-24							
2021-05-25							
2021-05-26							
2021-05-27							
2021-05-28							
2021-05-29							
2021-05-30							
2021-05-31							
Minimum							
Maximum							
Average							
Count							
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403
2021-05-01 To: 2021-05-31

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ANALYST:
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Brookeside
Kari Long

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-05-01						
2021-05-02						
2021-05-03						
2021-05-04						
2021-05-05						
2021-05-06						
2021-05-07						
2021-05-08						
2021-05-09						
2021-05-10						
2021-05-11						
2021-05-12						
2021-05-13						
2021-05-14						
2021-05-15						
2021-05-16						
2021-05-17						
2021-05-18						
2021-05-19						
2021-05-20						
2021-05-21						
2021-05-22						
2021-05-23						
2021-05-24						
2021-05-25						
2021-05-26						
2021-05-27						
2021-05-28						
2021-05-29						
2021-05-30						
2021-05-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Jeffrey Williamson						Certification Version Date 2022-03-17 14:03

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PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2021-05-01							
2021-05-02							
2021-05-03	1.2660	.2250	.00000	21.8525	2.0487	0	.7420
2021-05-04							
2021-05-05							
2021-05-06							
2021-05-07							
2021-05-08							
2021-05-09							
2021-05-10	1242	.2800					
2021-05-11							
2021-05-12							
2021-05-13							
2021-05-14							
2021-05-15							
2021-05-16							
2021-05-17	1.3320	.2100	.0000	21.3305	.5291	0	.7420
2021-05-18							
2021-05-19							
2021-05-20							
2021-05-21							
2021-05-22							
2021-05-23							
2021-05-24	1.2312	.2313					
2021-05-25							
2021-05-26							
2021-05-27							
2021-05-28							
2021-05-29							
2021-05-30							
2021-05-31							
Minimum	1.2312	0.21	0.0	21.3305	0.5291	0.0	0.742
Maximum	1242.0	0.28	0.0	21.8525	2.0487	0.0	0.742
Average	311.4573	0.23658	0	21.5915	1.2889	0	0.742
Count	4	4	2	2	2	2	2
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>		Submission Date/Time <div style="text-align: center;"> Certification Version Date 2022-03-17 14:03 </div>

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	1130299 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Revision 4MP00028*AM 602 2021-05-01 To: 2021-05-31 Brookeside Kari Long
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PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2021-05-01							
2021-05-02							
2021-05-03	29.0960	2	7.8	AA5.0	.0001	.0010	
2021-05-04							
2021-05-05							
2021-05-06							
2021-05-07							
2021-05-08							
2021-05-09							
2021-05-10							
2021-05-11							
2021-05-12							
2021-05-13							
2021-05-14							
2021-05-15							
2021-05-16							
2021-05-17	29.0960	2					
2021-05-18							
2021-05-19							
2021-05-20							
2021-05-21							
2021-05-22							
2021-05-23							
2021-05-24							
2021-05-25							
2021-05-26							
2021-05-27							
2021-05-28							
2021-05-29							
2021-05-30							
2021-05-31							
Minimum	29.096	2.0	7.8	0.0	1.0E-4	0.001	
Maximum	29.096	2.0	7.8	0.0	1.0E-4	0.001	
Average	29.096	2		0	0.0001	0.001	
Count	2	2	1	1	1	1	
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
							Certification Version Date 2022-03-17 14:03

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PERMIT NUMBER:
MONITORING PERIOD :

4MP00028*AM
2021-05-01 To: 2021-05-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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